

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 118
Registered No. 475

PLACE OF BIRTH

County Gila State Arizona
District or Township Miami or Village

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
Full name of child Rachel Aguirre { If child is not yet named, make supplemental report, as directed.

Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Oct 4 1929
Month Day Year

FATHER
Full name Simon Aguirre

Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

Color or race Mexican 11. Age at last birthday 24 (Years)

Birthplace (city or place) _____
(State or country) Mexico

Occupation miner
Nature of Industry Copper

MOTHER
Full maiden name Ignacia Padilla

Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

Color or race Mexican 17. Age at last birthday 42 (Years)

Birthplace (city or place) _____
(State or country) Mexico

Occupation Housewife
Nature of Industry

1. Number of children of this mother 2 (a) Born alive and now living 1
taken as of time of birth of child herein (b) Born alive but now dead 1
identified and including this child). (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 9:30 A m. on the date above stated.
(Born alive or stillborn)

Signature J. Dr. Miller
(Physician or midwife)

Address Miami, Arizona

Month, day, year Oct 12 29
Registrar 915-1004-971

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Even name added from supplemental report.